

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023515
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

292

FILED JUN 17 1963

VS 300
Rev. 4/59

10168

21001

3

40

52

6

70

80

94200

10

11

123-0

131-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) Cape Girardeau		c. CITY OR TOWN Chaffee	
Length of stay in 1b 5 days		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Southeast Hosp.		d. STREET ADDRESS (If outside, give location) 407 Cook	
Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3. NAME OF DECEASED (Type or print) First Ben Middle Elfrank Last Elfrank		4. DATE OF DEATH Month June Day 8 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-23-89
9. AGE (last birthday) 73		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY farm	
11. BIRTHPLACE (City and state or country) Lepole, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Elfrank		13b. MOTHER'S MAIDEN NAME Mary	
14. NAME OF HUSBAND OR WIFE Lottie St. Cin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Clyde Elfrank, Cape Girardeau, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Arterio Sclerotic Heart Disease DUE TO (c) Pulmonary Embolism		INTERVAL BETWEEN ONSET AND DEATH 1 hr. Several days Several years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. Acute Bacteremic Cholecystitis (Cholangitis)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 7:00 a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Cape Girardeau, Mo. COUNTY Scott STATE Mo.	
21. I attended the deceased from 6/3/68 to 6/8/63 and last saw him alive on 6/8/63		Death occurred, at 7:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE C.P. McGinty, M.D. (Degree or title)		22b. ADDRESS 1912 Broadway Cape Girardeau, Mo.	
22c. DATE SIGNED 6/10/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/10/63	23c. NAME OF CEMETERY OR CREMATORY Morgan Memorial Park Advance, Mo.	
23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR Wm. H. Morgan, Advance, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 6-12-63	
26. REGISTRAR'S SIGNATURE James Kasten			

USE BLACK INK
OR
TYPEWRITER RIBBON

JUN 25 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Wm H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advances, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.